

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY				LEBANON		DATE OF CRASH: 10/28/14		DAY: TUE			TIME: 1146
CRASH OCCURRED ON		1330 Columbus AVE.				WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION		N W S E OF				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE			8321
LOG-1		LOG-2		LOC		JUR		FH9		FILT			
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Nationwide	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
Mcquitty, Sandra				8670 Bindley Mounts Rd. Blanchester 45107									
PHONE NO.		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION		
513-504-7081		7/18/54		60	F			OH	RE941607				
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE					
Lawrence Mcquitty				Same									
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR		
04	Hynd	45		Red	45	OH	GDM9635				FROM TO		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8		UNIT NO. 2	NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT		
										Cincinnati INS.			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
PHONE NO.		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION		
		m D Y											
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE					
Patrick, Sean				1171 Promenade Lebanon OH				513-545-0640					
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR		
14	Honda	SW		Blue	SW	OH	DH81DP				FROM TO		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES				
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F				
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F		CONDITION		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F		RESTRAINTS		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		A B C D E F		ALCOHOL		
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 7 AIR BAG USED 8 USE NOT REPORTED		
A B C		INJURED TAKEN TO		By		A B C D E F		A B C D E F		1 YES <input type="checkbox"/> NO <input type="checkbox"/>			
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F		1 TESTED <input type="checkbox"/> NO <input type="checkbox"/>			
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		1 YES <input type="checkbox"/> NO <input type="checkbox"/>			
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		1 YES <input type="checkbox"/> NO <input type="checkbox"/>			
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A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		1 YES <input type="checkbox"/> NO <input type="checkbox"/>			
D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		1 YES <input type="checkbox"/> NO <input type="checkbox"/>			
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D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		1 YES <input type="checkbox"/> NO <input type="checkbox"/>			
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